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PILING DATE APPLICATION NO.

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

10/530,528

04/07/2005

Syunzuke Kimura

10873.1672USWO

6747

(Slemeter)

(Date

TITLE OF INVENTION: ZOOM LENS, VIDEO ENLARGING/PROJECTING SYSTEM, VIDEO PROJECTOR, REAR PROJECTOR, AND MULTIVISION SYSTEM

DATE DUE TOTAL FEE(S) DUB PREV. PAID ISSUE FEE PUBLICATION FRE DUB ISSUE PER DUÉ SMALL ENTITY APPLN. TYPE 10/03/2007 \$1700 \$300 \$1400 NO nonprovisional CLASS-SUBCLASS ART UNIT EXAMINER 2873 359-689000 HASAN, MOHAMMED A Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list i Hamre, Schumann, (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) ettached. Mueller & Larson, P.C. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

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Matsushita Electric Industrial Co.,	, Ltd. Osaka, Japan
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4a. The following fee(s) are submitted: Solution S	4b. Payment of Foc(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is bereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3478 (enclose an extra copy of this form).
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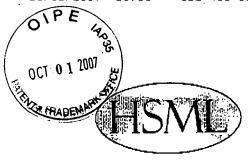
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OUR REF: 10873.1672USWO

TELEPHONE: (612) 455.3800

Total pages, including cover letter:

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PTO FAX NUMBER: 571.273.2885

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Title of Document:

Part B - Fee Transmittal (PTOL-85)(1 page)

Applicant:

KIMURA, et al.

Serial No.:

10/530528

App. Filed:

October 6, 2005

Group Art No.: 2873 Confirmation No.: 6747

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